

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0365	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/09/2008
NAME OF PROVIDER OR SUPPLIER COTA'S HOSPITALITY HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1079 SOUTH BARRE ROAD BARRE, VT 05641		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R135 SS=A	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.5 Assessment</p> <p>5.7.b If a resident requires nursing overview or nursing care, the resident shall be assessed by a licensed nurse within fourteen days of admission to the home or the commencement of nursing services, using an assessment instrument provided by the licensing agency.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the registered nurse (RN) failed to review the reassessment for 1 applicable resident. (Resident #1) Findings include:</p> <p>1. Based on record review on the afternoon of 12/09/08, a reassessment for Resident #1, who required medication management, was completed by the Assistant Manager on 11/13/08, however as of 12/09/08 the RN had failed to review the assessment. This was confirmed by the nurse at the time of review.</p> <p>Failure of the nurse to assess residents who require nursing overview or nursing care is a repeat deficiency, previously cited in 12/05.</p>	R135	<p>We now have in place a policy + Procedure for Resident Assessments to be done within the 14 day period. Once the Assistant Manager completes her part she will contact the RN and she will come and do her part. The Assistant manager will make sure we stay within the 14 day period.</p> <p>It is our Policy to make sure Assessments are done in a timely manner.</p> <p>This Area will be monitored by Tammy Cota and Mae Groat.</p> <p>3/19/09 POC Accepted J. Deenishan</p> <p>See Attachment</p>	12/11/08

Division of Licensing and Protection

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

TLBZ11

If continuation sheet 1 of 1

2/26/09 - Reviewed poc - Tammy Cota
requesting rewrite of tags - deadline 3/5/09

PRINTED: 12/26/2008
FORM APPROVED

Division of Licensing and Protection

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R100	Initial Comments: An unannounced annual licensing survey and complaint investigation was conducted by the Division of Licensing and Protection from 12/08/08 to 12/09/08.	R100			
R104 SS=C	V. RESIDENT CARE AND HOME SERVICES 5.1 Admission 5.2.a Prior to or at the time of admission, each resident, and the resident's legal representative if any, shall be provided with a written admission agreement which describes the daily, weekly, or monthly rate to be charged, a description of the services that are covered in the rate, and all other applicable financial issues, including an explanation of the home's policy regarding discharge or transfer when a resident's financial status changes from privately paying to paying with SSI or ACCS benefits. This admission agreement shall specify at least how the following services will be provided, and what additional charges there will be, if any: all personal care services; nursing services; medication management; laundry; transportation; toiletries; and any additional services provided under ACCS or a Medicaid Waiver program. If applicable, the agreement must specify the amount and purpose of any deposit. This agreement must also specify the resident's transfer and discharge rights, including provisions for refunds, and must include a description of the home's personal needs allowance policy. (1) In addition to general resident agreement requirements, agreements for all ACCS participants shall include: the ACCS services, the specific room and board rate,	R104		JAN 29 2009	

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1-26-09

If continuation sheet 1 of 21

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R104	Continued From page 1 the amount of personal needs allowance and the provider's agreement to accept room and board and Medicaid as sole payment. This REQUIREMENT is not met as evidenced by: Based on record review, the facility's admission agreement did not include information regarding transportation required to be provided by the facility to residents. The admission agreement also did not identify the correct time frame for notice of involuntary discharge. Findings include: 1. Per review on the afternoon of 12/09/08 of the facility admission agreement, the facility failed to inform residents that transportation shall be provided up to 20 miles, round trip without charge, not to exceed 4 round trips per month. In addition, residents were not informed that they may be charged for those miles in excess of 20 miles round trip. 2. Per review of the admission agreement, the facility incorrectly states "For non-payment we may discharge you after a 14 day notice, or less if we can locate another residence to which you agree." The regulation requires the facility to provide a 30 day written notice to each resident when an involuntary discharge is initiated. Per interview on the afternoon of 12/09/08 the manager/owner confirmed the admission agreement was inaccurate.	R104	5.16.B Transportation for Medical Services and local community functions shall be provided up to (20) miles, round trip without charge, not to exceed four (4) trips per month. Residents may be charged, at a reasonable rate, for those miles in excess of twenty (20) miles round trip and for any or all mileage for transportation not prescribed herein.		1-22-09
R173 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h.	R173	For non-payment we may discharge you after 30 day notice, or less if we can locate another residence to which you agree. We have changed this in our admission agreement.		1-22-09

3/19/09

R-104-Admission
Accepted [Signature]

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R173	Continued From page 2 (1) Resident medications that the home manages must be stored in locked compartments under proper temperature controls. Only authorized personnel shall have access to the keys This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain medications under proper temperature control. Findings include: 1. Per observation during the morning of 12/09/08, the temperature of the medication refrigerator registered 56 degrees F on a digital thermometer). There was a large build up of frost on the inside of the refrigerator and water was noted dripping onto containers where insulin vials are stored. The manufactures recommendation for proper temperature for the storage of insulin recommended temperatures to be between 36-46 degrees F. The manager confirmed staff are unable to monitor the temperature of the refrigerator due to the lack of a thermometer and at the time of the observation, the refrigerator was not functioning properly. Failure to properly store medications is a repeat deficiency previously cited in 12/05.	R173	We have since serviced the medication Refrigerator and have installed a thermometer so that we can make sure the medicine is at the proper temperature. This will be monitored by Mae Grout + Michael Cota. R-173 - See Attachment 3/19/09 P.O.C. Accepted O. Oettersen	
R176 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h (4) Medications left after the death or discharge of a	R176		

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R176	Continued From page 3 resident, or outdated medications, shall be promptly disposed of in accordance with the home's policy and applicable standards of practice. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to monitor for outdated medication. Findings include: 1. Per observation on 12/09/08 at 10:30 AM of medications stored in the refrigerator in the staff office, the label on a vial of Humalog Insulin 100 units/10 ML indicated an expiration date of 9/08. This was brought to the attention of the manager/owner at the time of the observation and the insulin was disposed.	R176	When we open a vial of insulin we write the date on it, we know it must be used within 28 days or it must be disposed of. All Insulins are up to date and are being monitored by Mae Grout and Tammy Cota. All vials are new 3/19/09 R-176-POC Accepted DeWintosh	12-12-09	
R177 SS=A	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.h (5) Narcotics and other controlled drugs must be kept in a locked cabinet. Narcotics must be accounted for on a daily basis. Other controlled drugs shall be accounted for on at least a weekly basis. This REQUIREMENT is not met as evidenced by: Based on observation, record review, the facility failed to ensure that control drugs were accounted for on a weekly basis. Findings include:	R177			

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R177	Continued From page 4 1. Per review of control drugs administration record on the morning of 12/09/08, Ambien, a schedule IV drug (sleep aide medication) prescribed for Resident #3, was not accounted for on a weekly basis as required. At the time of observation, the assistant manager confirmed she was not aware Ambien was a Scheduled IV drug.	R177	<p>I now have the list of the Schedules of meds to use as a guide so I know what meds need to be counted. Those whom are on Ambien now have sheets to count daily. If a med is questionable I refer it to the RN. This will be monitored by Mae Grout + Tammy Cota</p> <p>R-177 3/19/09 Added to POC Accepted D. E. Tosh, RN</p>	12-10-08
R179 SS=C	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.11 Staff Services</p> <p>5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following:</p> <ul style="list-style-type: none"> (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens, maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. <p>This REQUIREMENT is not met as evidenced by:</p>	R179		

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R179	Continued From page 5 Based on interview and record review, the facility failed to ensure 12 hours of training each year for 4 of 4 applicable staff persons who provide direct care. Findings include: 1. Per review on 12/08/08 of inservice training records, 4 staff persons selected for review were provided 8.5 hours of the required 12 hours of inservice training. Per interview on the afternoon of 12/08/08 the facility manager/owner confirmed training that included Resident Rights, Fire Safety, Respectful Effective Communication and Infection Control had not been provided to staff. Failure to provide required training to staff is a repeat deficiency previously cited in 7/07.	R179	This was made aware to our RN. She is planning to have staff teachings at least once a month, this way we get our 12 hours in each year. This will be monitored by mae Groat and Tammy Cota. We had a universal Precautions in Dec. R179 Addendum to POC Accepted 3/19/09 Oe.Oet Intosh	12-18-08	
R188 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(2) A record for each resident which includes: resident's name; emergency notification numbers; name, address and telephone number of any legal representative or, if there is none, the next of kin; physician's name, address and telephone number; instructions in case of resident's death; the resident's assessment(s); progress notes regarding any accident or incident and subsequent follow-up; list of allergies; a signed admission agreement; a recent photograph of the resident, unless the resident objects; a copy of the resident's advance directives, if any completed; and a copy of the document giving legal authority to another, if any. This REQUIREMENT is not met as evidenced by:	R188			

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R188	Continued From page 6 Based on record review and interview, the facility failed to document in progress notes a resident to resident incident for Residents #1 and 2 and failed to maintain a recent photo for 3 of 12 residents. (Residents # 1, 2, 3, 4, 5) Findings include: 1. Per review of "Documentation" notes on 12/08 and 12/09/08 and confirmed by the manager/owner on the afternoon of 12/09/08, "Documentation" notes for Residents #1 and #2 did not reflect a resident to resident incident between Resident #1 and #2 which included an allegation of sexual assault. The owner/manager stated that on 11/27/08 or 11/28/08 (the manager/owner was unsure of the date) Resident #2 approached the manager/owner regarding concerns about a "non consensual" encounter occurring on 11/25/08 involving Resident #1. Despite the information provided and discussions with both residents, the manager failed to record the alleged incident in either of the resident records. In addition, the manager failed to document Resident #2's voluntary discharge from the facility on either 11/27 or 11/28/08. 2. Per record review, the records of Residents #3,4,5 did not include photos of each of the resident. This was confirmed on the morning of 12/09/08 by the assistant manager of the facility.	R188	We have instructed staff to maintain Documentation of all happenings with our residents. We have stressed that more documentation is necessary. Nothing is as important to maintain a record of happenings so that we can go back and say yes this happened or no it wasn't that way. This will be monitored by Tammy Cota + Mae Groust. R-188 POC Accepted with ASB 3-18-09 DeDee tosh See Attached	1-23-09	
R190 SS=C	V. RESIDENT CARE AND HOME SERVICES 5.12.b.(4) The results of the criminal record and adult abuse registry checks for all staff.	R190			

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R190	Continued From page 7 This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to conduct all required background checks on newly hired employees. Findings include: 1. Per review of required background checks of 2 new employees on 12/08/08, background checks did not include the Federal Exclusion Database of the Office of the Inspector General. On the afternoon of 12/08/08 the manager/owner confirmed not all background checks were conducted as required.	R190	we didn't know about the Federal Exclusion Database of the office of the Inspector General when we were told this Tammy Cota went on line and obtained these background checks. This will be monitored by Tammy Cota + Mac Groat.	12-2-09
R191 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.12 Records/Reports 5.12.c A home must file the following reports with the licensing agency: 5.12.c.(1) When a fire occurs in the home, regardless of size or damage, the licensing agency and the Department of Labor and Industry must be notified within twenty-four (24) hours. A written report must be submitted to both departments within seventy-two (72) hours. A copy of the report shall be kept on file. 5.12.c.(2) A written report of any accident or illness shall be placed in the resident's record. Any untimely deaths shall be reported and a record kept on file. 5.12.c. (3) A report of any unexplained absence of a resident from a home for more than 12 hours shall be reported to the police, legal representative and family, if any. The incident shall be reported to the licensing agency within	R191	R-190- 3/18/09 Added to POC Accepted O'Dell to sh see Attached	

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R191	<p>Continued From page 8</p> <p>twenty-four (24) hours of disappearance followed by a written report within seventy-two (72) hours, a copy of which shall be maintained.</p> <p>5.12.c.(4) A written report of any breakdown or cessation to the home's physical plant's major services (plumbing, heat, water supply, etc.) or supplied service, which disrupts the normal course of operation. The licensee shall notify the licensing agency immediately whenever such an incident occurs. A copy of the report shall be sent to the licensing agency within seventy-two (72) hours.</p> <p>5.12.c. (5) A written report of any reports or incidents of abuse, neglect or exploitation reported to the licensing agency.</p> <p>5.12.c. (6) A written report of resident injury or death following the use of mechanical or chemical restraint.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the manager/owners failed to file a written report to the licensing agency after being informed by a resident of an allegation of sexual abuse. Findings include:</p> <p>1. Per interview on 12/08/08 at 1:05 PM the manager/owner stated sometime during the afternoon of 11/27/08 or 11/28/08, Resident #2 approached the manager/owner in the staff office and alleged nonconsensual sexual abuse by another resident of the facility. The manager/owner stated Resident #2 stated the sexual encounter "...was not consensual". Despite receiving this information, the manager/owner failed to file a written report to the</p>	R191	<p>Whenever something is reported to anyone here at Cota's, no matter how bizarre or unbelievable it will be taken seriously and Reports will be written and sent to the proper channels. No matter how serious or nonbelievable it may be. This will be monitored by Tammy Cota + Mae Grout.</p> <p>3/18/09 Addendum to POC Accepted Jella Tash See Attached</p>		

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R191	Continued From page 9 licensing agency regarding the allegation made by Resident #2 as required. This is a repeat deficiency, previously cited in 9/08.	R191			
R206 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.18 Reporting of Abuse, Neglect or Exploitation 5.18.a The licensee and staff shall report any case of suspected abuse, neglect or exploitation to the Adult Protective Services (APS) as required by 33 V.S.A. §6903. APS may be contacted by calling toll-free 1-800-564-1612. Reports must be made to APS within 48 hours of learning of the suspected, reported or alleged incident. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to report a suspected case of alleged abuse to the Adult Protective Services (APS) as required by V.S.A. 6903. Findings include: 1. Per interview on 12/08/08 at 1:05 PM the manager/owner stated sometime during the afternoon of 11/27/08 or 11/28/08, Resident #2 approached the manager/owner in the staff office and alleged nonconsensual sexual abuse by another resident of the facility. The manager/owner stated Resident #2 stated the sexual encounter "...was not consensual". Despite receiving this information, the manager/owner failed to file a suspected allegation of abuse with APS. The manager/owner confirmed that although they are	R206			

*R-206
3-19-09
Added to POC
accepted
See Attached
DeDeTosh*

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R206	Continued From page 10 aware of the APS mandated reporting process, they failed to file the report as required.	R206	<p>We here at Cota's will make sure that we report to APS any suspicions of abuse of any sort. We will conduct our own investigations but will make sure a report is made to APS as soon as we learn of the problem. This will be monitored by Mae Grout + Tammy Cola.</p> <p>R-207/208 3-19-09</p> <p>See Attached Addendum P.O.C. Accepted Debra Tutosh</p>	
R207 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.18 Reporting of Abuse, Neglect or Exploitation 5.18.b The licensee and staff are required to report suspected or reported incidents of abuse, neglect or exploitation. It is not the licensee's or staff's responsibility to determine if the alleged incident did occur or not; that is the responsibility of the licensing agency. A home may, and should, conduct its own investigation. However, that must not delay reporting of the alleged or suspected incident to Adult Protective Services. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to report suspected abuse or conduct an investigation of the alleged incident. Findings include: 1. On either 11/27/08 or 11/28/08 the manager/owner was informed by Resident #2 that they recently had "non consensual" sex with another resident of the facility. The manager/owner failed to report the allegation of abuse and failed to conduct an investigation regarding the allegations. The manager/owner confirmed on 12/08/08 at 1:05 PM they failed to file a report with both APS and the licensing agency or conduct an investigation of the allegations.	R207		
R208 SS=D	V. RESIDENT CARE AND HOME SERVICES	R208		

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R208	Continued From page 11 5.18 Reporting of Abuse, Neglect or Exploitation 5.18.c Incidents involving resident-to-resident abuse must be reported to the licensing agency if a resident alleges abuse, sexual abuse, or if an injury requiring physician intervention results, or if there is a pattern of abusive behavior. All resident-to-resident incidents, even minor ones, must be recorded in the resident's record. Families or legal representatives must be notified and a plan must be developed to deal with the behaviors This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to file an allegation of resident to resident sexual abuse and failed to record in the resident's record the incident involving the alleged abuse. Findings include: 1. Per record review on 12/08/08 and 12/09/08 the facility failed to document in the records of Resident #1 and #2 an alleged incident involving both residents and an allegation of sexual abuse. Per interview on the afternoon of 12/09/08, the manager/owner confirmed she had failed to document in both resident records the alleged allegations. In addition, the manager/owner failed to report the alleged abuse to APS and the licensing agency.	R208	When an incident arises we will make sure that all is written in documentation in private books. No incident is too small or to untrue to make the right decisions. Tammy Cota + Mae Groat will monitor this. see Attached Attention P.O.C. Accepted 3-18-09 J. Denton	
R213 SS=E	VI. RESIDENTS' RIGHTS 6.1 Every resident shall be treated with consideration, respect and full recognition of the resident's dignity, individuality, and privacy. A home may not ask a resident to waive the	R213		

Division of Licensing and Protection

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R213	<p>Continued From page 12</p> <p>resident's rights.</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility written House Rules did not take into consideration residents's dignity and individuality and residents were asked to waive their rights. Findings include:</p> <p>Per review on the afternoon of 12/09/08 of the facility "House Rules" the residents were asked to waive their rights with the following rules:</p> <ol style="list-style-type: none"> 1. The resident's individuality and dignity is waived when House Rules dictated "Baths are taken everyday or every other day and everyone needs to wear PJs to bed not your clothing that you have worn all day". 2. A House Rule states " No one should be out of their rooms before 7:00 AM", residents should not be restricted access to resident areas within the facility or required to stay in their rooms at specific times during the day or night. 3. "There is to be no one in anyone's room except for the client that lives in a particular room" is an infringement of the resident's right to be allowed to associate, communicate and meet privately with persons of the resident's own choice. <p>The owner/manager confirmed on the afternoon of 12/09/08 the House Rules did not support the rights of residents.</p> <p>This is a repeat deficiency previously cited in 6/07.</p>	R213	<p>The house rules were removed from the home. We are trying to maintain by verbal conversation instead of written. 12-11-08</p> <p>We never wanted to infringe on their rights, so those house rules are no longer. This will be monitored by Mac Grewt and Tammy Cota.</p> <p>R-213 POC Accepted with Attached Res. Rights J. DeTosh</p>		
R238 SS=E	VII. NUTRITION AND FOOD SERVICES	R238			

Division of Licensing and Protection

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R238	Continued From page 13 7.1.a. (7) The home shall maintain sufficient food supplies at hand on the premises to meet the requirements of the planned weekly menus. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain sufficient food supplies at hand on the premises to meet requirements of the planned weekly menu. Findings include: 1. During a tour of the facility kitchen on 12/08/08 at 10:55 AM 2 decanters, approximately 1 quart size, contained milk. No other containers of milk were observed to be available for resident consumption. Per review of the menu for the present week, milk was to be served at each meal. The manager/owner stated "My husband brings milk and bread every day", however no containers of milk were delivered to the facility on 12/08/08. A supply of milk was delivered the following morning to the facility. 2. The menu for 12/09/08 stated the dinner meal was to be fish on a bun, rice and gravy, however per observation of food supplies, no fish was available to be served to the residents. A family member of the staff was asked to purchase frozen fish, which was then brought to the facility to be served for the evening meal. The lack of sufficient food supplies was brought to the attention of the owner/manager.	R238	We have made new menu's that have more fruits and vegetables. We are having a milk company comming in for milk. We are having bread delivered weekly. And we are keeping closer watch on supply and ordering before we run out. This will be monitored by Mike Cota + Mae Grout. 3-19-09 POC Accepted Attached Menus J. Westworth		1-20-09
R240 SS=E	VII. NUTRITION AND FOOD SERVICES 7.1 Food Services 7.1.b Meal Patterns	R240			

Division of Licensing and Protection

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R240	<p>Continued From page 14</p> <p>The following guide provides the basis for meal planning and will provide nearly 100% of the RDA for most residents. In cases of a resident's advanced age and very light activity, homes may consider each resident's needs with respect to portion size and frequency of eating but shall not compromise overall nutrient intake. In addition to the suggested food servings, particular emphasis must be given to fluid intake for residents.</p> <table border="0"> <tr> <td style="text-align: right;">Suggested Daily</td> <td style="text-align: right;">What Counts</td> </tr> <tr> <td style="text-align: right;">Food Group</td> <td style="text-align: right;">Servings as a Serving</td> </tr> <tr> <td>Bread, Cereal, 6-11</td> <td>1 slice bread, tortilla</td> </tr> <tr> <td>Rice, Pasta</td> <td>½ bagel, English Muffin</td> </tr> <tr> <td></td> <td>½ hamburger/</td> </tr> <tr> <td></td> <td>hot dog roll, pita</td> </tr> <tr> <td></td> <td>½ cup cooked</td> </tr> <tr> <td></td> <td>cereal, rice, pasta</td> </tr> <tr> <td></td> <td>1 oz ready-to-eat</td> </tr> <tr> <td></td> <td>cereal 3-4 small or</td> </tr> <tr> <td></td> <td>2 large crackers</td> </tr> <tr> <td>Fruit 2-4</td> <td>¾ cup 100% fruit juice</td> </tr> <tr> <td></td> <td>1 medium apple, banana or other</td> </tr> <tr> <td></td> <td>fruit ½ cup fresh, cooked or</td> </tr> <tr> <td></td> <td>canned fruit</td> </tr> <tr> <td></td> <td>¼ cup dried fruit</td> </tr> <tr> <td>Vegetables 3-5</td> <td>½ cup cooked or</td> </tr> <tr> <td>chopped</td> <td>raw vegetables</td> </tr> <tr> <td></td> <td>1 cup leafy, raw</td> </tr> <tr> <td></td> <td>vegetables</td> </tr> <tr> <td></td> <td>¾ cup vegetable juice</td> </tr> <tr> <td>Milk, Yogurt, 3 or more</td> <td>1 cup milk, yogurt</td> </tr> </table>	Suggested Daily	What Counts	Food Group	Servings as a Serving	Bread, Cereal, 6-11	1 slice bread, tortilla	Rice, Pasta	½ bagel, English Muffin		½ hamburger/		hot dog roll, pita		½ cup cooked		cereal, rice, pasta		1 oz ready-to-eat		cereal 3-4 small or		2 large crackers	Fruit 2-4	¾ cup 100% fruit juice		1 medium apple, banana or other		fruit ½ cup fresh, cooked or		canned fruit		¼ cup dried fruit	Vegetables 3-5	½ cup cooked or	chopped	raw vegetables		1 cup leafy, raw		vegetables		¾ cup vegetable juice	Milk, Yogurt, 3 or more	1 cup milk, yogurt	R240		
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Division of Licensing and Protection

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R240	<p>Continued From page 15</p> <p>Cheese 1 ½ oz natural cheese</p> <p>Meat, Poultry, 2 (total of 2-3 oz cooked lean</p> <p>Legumes, Eggs 4-5 oz/day) meat, poultry or fish</p> <p>Nuts ½ cup cooked legumes</p> <p>1 egg</p> <p>2 tablespoons peanut butter</p> <p>1/3 cup nuts</p> <p>Fluids 8 cups Water, juice, herbal tea, (8 fluid oz each) non-caffeinated Coffee, tea</p> <p>At least one serving of citrus fruit or other fruit or vegetable rich in vitamin C shall be served each day.</p> <p>At least one serving of fruit or vegetable rich in vitamin A shall be served at least every other day.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to incorporate in their menu nearly 100% of the RDA. Finding include:</p> <p>1. Per review on 12/09/08 of 3 weeks of planned menus, the facility failed to provide residents with adequate servings of fruit, vegetables and at least one daily serving of citrus fruit or other fruit or vegetable rich in Vit C and at least one serving of fruit or vegetable rich in vitamin A served every other day. Review of 3 weeks of menus noted vegetable servings were limited to 1 to 2 servings of the 5 required 1/2 cup servings and with the exception of a "juice" drink served at meals no other servings of fruit was offered. This was confirmed on the afternoon of 12/09/08 by the</p>	R240	<p>They now receive at least 1-2 servings of fruit a day. We are going to have real juice delivered as well as their morning O.J. This will be monitored by Mike Cota + Mae Grouf.</p>	1-23-09

Division of Licensing and Protection
STATE FORM

3-19-09
R-240-POC
Accepted with Attached menus -
De. Deletosm

TLBZ11

If continuation sheet 16 of 21

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0365	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 12/09/2008
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R240	Continued From page 16 assistant manager who assists the manager/owner in creating the menus which are used on a rotating weekly schedule.	R240	New menu's	1-26-09
R247 SS=E	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service. This REQUIREMENT is not met as evidenced by: Based on observation and interview the facility failed to properly label and/or date perishable food. Findings include: 1. During a tour of the kitchen on 12/08/08 at 10:55 AM with the manager/owner and the assistant manager, the following observations were made of the 2 refrigerators in the kitchen: a. Refrigerator #1: dried remains of a meat roast stored in a plastic container was unlabeled and/or dated. Upon observing the meat the manager stated "I would not feed that to a dog". b. An open package of bologna dated 10/19/08. c. Refrigerator #2's freezer: an open, undated plastic bag of meat patties, with evidence of freezer burn; d. Several packages of outdated bologna (10/19/08) were also noted stored in a chest freezer located in the pantry area.	R247	A. The refrigerator will be cleaned out every other day, unused food will be thrown away. B. We are watching the dates of our delivered foods the balance was delivered just the month before, the company did that. This and we monitored by Mike Grant. C. We bought freezer paper for camp and supplies in Mike's car + Mike Grant will monitor this.	

R-247-
Poc Accepted
Jill Intosh

Division of Licensing and Protection
STATE FORM

If continuation sheet 18 of 21

QeQeTntosh.

Division of Licensing and Protection

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R266	Continued From page 18 near the sink and dishwasher was missing and/or left unsecured to the counter. c. On the second floor, cable wires were secured on the floor with duct tape creating an unsafe environment for residents who live in the rooms adjacent to the cable wires creating a potential tripping hazard. d. The edges of the vinyl shower room floor on the first floor were lifting near the tub and around corners in the shower room. Failure to provide a safe, functional and sanitary environment is a repeat deficiency previously cited in 2/08.	R266			
R279 SS=B	IX. PHYSICAL PLANT 9.3 Toilet, Bathing and Lavatory Facilities 9.3.c Each lavatory sink shall be at least of standard size and shall be equipped with hot and cold running water, soap, and, if used by multiple residents, paper towels. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure paper towels were always available in the bathrooms. Findings include: 1. During the tour of the facility on 12/08/08 at 11:10 AM, no paper towels were available in the bathroom on the second floor used by multiple residents. At 5:15 PM on 12/08/08 the first floor bathroom used by both staff and multiple	R279	We are now making Sure that there are paper towels available on both levels of the home for drying hands. This will be monitored by Mae Grout and Tammy Cota. Accepted on 2/26/09 C. DeTrotsh		

Division of Licensing and Protection

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R279	Continued From page 19 residents was also without paper towels.	R279			
R290 SS=D	IX. PHYSICAL PLANT 9.6 Plumbing 9.6.c All plumbing fixtures shall be clean and free from cracks, breaks and leaks. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure a toilet that was under repair was left in an appropriate condition. Findings include: 1. During a tour of the facility with the manager on 12/08/08 at 11:10 AM a toilet in a first floor bathroom was observed sitting on the floor under repair next to the drain pipe which had deposits of waste coating the inside of the pipe. The exposed, uncovered drain posted a potential infection control hazard as well as the potential leakage of sewer gases.	R290	<p>This bathroom has since been repaired and put back in operatable condition. If we work on a toilet again we will make sure pipe holes are covered. This will be monitored by Mike cota.</p> <p>3-19-09</p> <p>R-290 P.O.C Accepted DeeTosh</p>		
R302 SS=D	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and	R302			

Division of Licensing and Protection

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R302	<p>Continued From page 20</p> <p>night. The date and time of each drill and the names of participating staff members shall be documented.</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to conduct fire drills during night time hours. Findings include:</p> <p>1. Per review of fire drills for the past 12 months, no drills were conducted during the hours of 10:00 PM and 6:00 AM. This was confirmed by the manager/owner on the afternoon of 12/08/08.</p> <p>Failure to provide an emergency plan or implement fire drills is a repeat deficiency and was previously cited in 11/06 and 12/06.</p>	R302	<p>We have done much better with our fire drills. We know we must conduct a night time drill. This will be done. This will be monitored by Mike Cota.</p> <p>3-19-09 R-302 POC Accepted J. McIntosh</p>		

12/9/08

2008 Plan of Corrections:

R 104- Please see revisions on attachments. Tammy Cota will over see this.

R 135- We now have a policy and procedure for residents assessments to be done within the 14 day period after admission and then as needed. The delegating nurse will be available sooner to assist with assessments. Tammy Cota will over see this.

R 176- New policy written - A log will be kept with the temperature recorded daily. A monthly defrosting and cleaning will be done. Day staff is responsible. Tammy Cota will over see. See attached.

R 177- We now have a list of schedule II drugs. All schedule II drugs will be counted daily. All new medications taken in the home will be checked for classification and counted as needed daily. Tammy Cota will over see.

R 179- All trained staff will receive 12 hours of in-service training per year. Tammy Cota will over see this.

R 188- Manager will make sure documentation will be complete, record audits will be performed one time monthly. Tammy Cota is responsible for follow thru.

R 190- At time of each new hire a background check will be done as required, and records will be kept of each application and it's results. All back ground checks will be monitored by Tammy Cota

R 191- All incidents that involve any resident of Cota's will be documented and reported as required by state regulations. Tammy Cota will be responsible for seeing that this is done.

R 206- The staff at Cota's will report to APS and the Police any resident who fails to return within 12 hours of their expected time. All staff is aware that we have a 48 hour window for reporting to APS. All staff at Cota's is responsible for this as we are all mandated reporters. Tammy Cota will see that this is done.

R 208- All incidents involving residents at Cota's will be documented as required per State regulation within the 48 hour time frame. This will be monitored by Tammy Cota.

Addendum to 2567 from survey completed on 12-9-08
Plan of Corrections Accepted with Attachments.

J. DeTush

3-19-09